

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF OHIO**

**Notice of Filing Deficiency RE: Petition For Payment of Unclaimed Funds**

To: **DWIGHT MAST, STATUTORY AGENT**

In Re: **MONROE BEACHY**

Case No: **10-62857**

UNDER BANKRUPTCY RULE 5005, THE ORIGINAL OF THE ATTACHED DOCUMENT HAS BEEN ACCEPTED FOR FILING. HOWEVER, IT DOES NOT COMPLY WITH LOCAL BANKRUPTCY RULE 3011-1 (COPY ENCLOSED) AND FURTHER ACTION IS REQUIRED ON THE ITEMS MARKED WITH AN "X" BELOW.

\_\_\_ The current version of the local Petition For Unclaimed Funds form must be used, and any deviation from the standardized form must be explained in bold-faced type.

**X** **THE CLAIMANT'S NAME, LIVING WATERS FELLOWSHIP AND THEIR TAX ID NUMBER ARE REQUIRED ON EXHIBIT A.**

\_\_\_ Original signature of Claimant or Authorized Representative of Claimant must be supplied and notarized.

\_\_\_ Signature and address of Petitioner must be supplied.

\_\_\_ Notarized Power Of Attorney must be appended.

\_\_\_ Proof(s) of identity must be submitted and/or docketed as a private event.

\_\_\_ Copy of court order depositing the funds into Treasury as unclaimed, or the receipt to the trustee and list of parties entitled to the unclaimed funds, or a copy of the Unclaimed Funds search web page must be appended.

\_\_\_ Other:

**THIS DOCUMENT MUST BE CORRECTED WITHIN 10 DAYS FROM THE DATE OF THIS NOTICE OR THE PETITION WILL NOT BE PROCESSED ANY FURTHER.**

**\*\*\*Please return a copy of this notice with your correction for verification of compliance.\*\*\***

I certify that this notice and a copy of the attached document were returned to **DWIGHT MAST, STATUTORY AGENT** via U.S.P.S. First Class Mail and/or the Court's e-mail system.

Date of Notice: **March 14, 2016**

/s/Diane Haidet  
Deputy Clerk

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## Debtors

Claimant's Tax ID/ Social Security Number is \_\_\_\_\_

- \* Proof of identity includes a copy of either the current driver's license, government ID card, passport, or state-issued ID card of the appropriate person.